


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90039 048 \*\*\*150.00

<b>DOCUMENT # P94000057718</b>	
1. Entity Name <b>FLORIDA FIRST COAST, INC.</b>	

Principal Place of Business <b>185 CYPRESS POINTE PKWY #4 PALM COAST FL 32164 US</b>	Mailing Address <b>185 CYPRESS POINTE PKWY #4 PALM COAST FL 32164 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-2690996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>NIEMINEN, SCOTT <del>18 FANWOOD COURT</del> PALM COAST FL 32137</b>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable) <b>17 CEDARVIEW CT.</b>  City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <del>OFF</del>	<input type="checkbox"/> Delete
NAME <b>NEIMINEN, SCOTT</b>	
STREET ADDRESS <b><del>18 FANWOOD COURT</del></b>	
CITY-ST-ZIP <b>PALM COAST FL 32137</b>	
TITLE <b>PS</b>	<input checked="" type="checkbox"/> Delete
NAME <b>NEIMINEN, PAUL</b>	
STREET ADDRESS <b>503 NORTH ORANGE STREET</b>	
CITY-ST-ZIP <b>BUNNELL FL 32110</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>VOST, MARK</b>	
STREET ADDRESS <b>103 BRUSHWOOD LANE</b>	
CITY-ST-ZIP <b>PALM COAST FL 32137</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BIRK, JOHN</b>	
STREET ADDRESS <b>41 HUNTMASER COURT</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>17 CEDARVIEW CT.</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SCOTT NIEMINEN** **4/14/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #